

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Michael J. HELLER et al.
 Serial No. : 09/358,788 Examiner: Betty J. Forman
 Filed : July 22, 1999 Group Art Unit: 1634
 For : METHOD FOR ELECTRONIC ANALYSIS OF A SAMPLE
OLIGONUCLEOTIDE SEQUENCE

Mail Stop Amendment
 COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, VA 22313-1450

Date: March 24, 2010

Sir:

Transmitted herewith is an amendment to the above-identified application.

_____ Small entity status of this application under 37 C.F.R. \$1.9 and \$1.27 has been previously established.

_____ A verified statement to establish small entity status under 37 C.F.R. \$1.9 and \$1.27 is enclosed.

_____ No additional fee is required.

The filing fee is calculated as follows:

	Number after Amendment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE			FEE	
				Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	4 -	* 30 =	*** 0 x	\$26	\$52	=		\$0.00
Independent Claims	1 -	** 3 =	*** 0 x	\$110	\$220	=		\$0.00
Multiple Dependent Claim(s) Presented For First Time Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				\$195	\$390	=		\$0.00
				TOTAL ADDITIONAL FEE			\$ 0.00	

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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Amendment Transmittal Letter

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The following are also enclosed:

_____ One additional copy of this Amendment Transmittal Letter

☒ Return Receipt Postcard

_____ An Information Disclosure Statement, including Form PTO-1449

(Copies of citations included: Yes _____ No _____

and a fee of \$ _____ included)

☒ A Petition for an Extension of Time, including a fee of
\$ 555.00 for a Petition for 3 Month(s) Extension of Time

_____ Other (identify): _____

THE TOTAL FEE DUE IS \$ 555.00

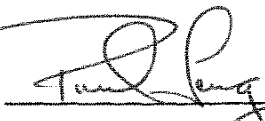
_____ A check in the amount of \$ _____ is enclosed.

☒ Please charge Deposit Account No. 03-3125 in the amount of
\$ 555.00

☒ The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:

☒ Fees under 37 C.F.R. \$1.16 for the presentation of extra claims
_____ Patent application processing fees under 37 C.F.R. \$1.17

Respectfully submitted,



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